

# 2019 BARC Clubmans Championship

## REGISTRATION FORM

Please complete in capital letters

NAME OF DRIVER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TEL (DAY): \_\_\_\_\_ (EVE): \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

COMPETITION LICENCE No: \_\_\_\_\_ GRADE: \_\_\_\_\_

BARC MEMBERSHIP No: \_\_\_\_\_ (Mandatory)

NAME OF ENTRANT: \_\_\_\_\_

ENTRANT LICENCE No: \_\_\_\_\_ GRADE: \_\_\_\_\_

ENTRANT ADDRESS: \_\_\_\_\_

(If different from above)

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TEL (DAY): \_\_\_\_\_ (EVE): \_\_\_\_\_

ALL CORRESPONDENCE SHOULD BE SENT TO:

DRIVER:

ENTRANT:

CAR: \_\_\_\_\_ MODEL: \_\_\_\_\_ CC: \_\_\_\_\_

CLASS ENTERED: \_\_\_\_\_

PREFERRED COMPETITION NUMBER: \_\_\_\_\_

NEXT OF KIN NAME: \_\_\_\_\_

NEXT OF KIN RELATIONSHIP: \_\_\_\_\_

NEXT OF KIN PHONE NUMBER: \_\_\_\_\_

SIGNATURE OF ENTRANT: \_\_\_\_\_  
(If different from Driver)

SIGNATURE OF DRIVER: \_\_\_\_\_

SIGNATURE OF ENTRANT: \_\_\_\_\_  
(If different from Driver)

SIGNATURE OF DRIVER: \_\_\_\_\_

TO BE COMPLETED BY ALL APPLICANTS:

I wish to register for the **2019 BARC CLUBMANS CHAMPIONSHIP** and I declare that the information given above is correct. I understand that should the above information change in any way I will confirm details in writing to the BARC as detailed below.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**ONCE FULLY COMPLETED THIS FORM SHOULD BE RETURNED TO:**

**British Automobile Racing Club, Thruxton Circuit, Andover, Hampshire SP11 8PN.**

**PRIOR TO THE FIRST CLOSING DATE OF THE FIRST RACE ENTERED**